

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**OFFICE OF CONSUMER AFFAIRS**

P.O. Box 526 - Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

OCA-100 Revised 07/07

**REMITTANCE FORM  
CHARITABLE OR CIVIC ORGANIZATION  
FORM 100**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

If you do not have an FEIN, please enter the Social Security Number of the person who has signed the application.

Exemption Application Fee:     \$10.00             (910-02185)

Check Number:             \_\_\_\_\_

**MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM  
WITH CHECK ATTACHED AND MAIL TO:**

**Virginia Department of Agriculture and Consumer Services**

**P.O. Box 526**

**Richmond, VA 23218-0526**

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**REQUEST FOR EXEMPTION FROM ANNUAL REGISTRATION  
FORM 100**

All applicants must attach to this form all documents required by the applicable section(s) of the Rules Governing the Solicitation of Contributions (see page 9 for checklist).

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public record in the Office of the Commissioner and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions in Virginia. If you do not provide this information, you may not solicit in Virginia.

**Application fee: \$10.00.** Make check payable to **"Treasurer of Virginia."**

**SECTION I. GENERAL INFORMATION**

Please "X" the category under which you are filing (**only one category** may be chosen):

"X"	Category	Description	VA Code Section
	A	Educational institutions and their foundations	57-60.A.1.
	B	Solicitations for a named individual	57-60.A.2
	C	Solicitations not to exceed \$5,000	57-60.A.3
	D	Membership solicitations only	57-48 and 57-60.A.4
	E	Solicitations by non-resident charitable organizations	57-60.A.5
	F	Solicitations confined to five or fewer contiguous cities and counties	57-60.B.
	G	Civic organizations	57-48 and 57-60.A.8
	H	Health care institutions	57-60.A.7
	I	Non-profit debt counseling agencies	57-60.A.9
	J	Area agencies on aging	57-60.A.10
	K	Trade associations	57-60.A.12
	L	Labor unions, labor associations, and labor organizations	57-60.A.11
	M	Virginia Area Health Education Centers	57-60 A.6
	N	Regional Emergency Medical Services Councils	57.60.A.13
	O	Nonprofit that solicits only through grant proposals	57-60.A.14

1. Primary name of the organization or trust fund:

\_\_\_\_\_

2. List any other names under which solicitations will be made:

\_\_\_\_\_

\_\_\_\_\_

3. Primary address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

4. Mailing address if different from primary address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

5. Please "X" one:

"X"	Type of Organization
<input type="checkbox"/>	Corporation or Limited Liability Entity
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (please specify):

6. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Where was the organization legally established? \_\_\_\_\_  
City State

8. Main purpose of the organization or trust fund:

\_\_\_\_\_  
\_\_\_\_\_

9. Is the organization exempt from paying income taxes under the Internal Revenue Code 501(c)?  
(Yes or No) \_\_\_\_\_. If yes, please attach a copy of the IRS tax-exempt determination letter, with any amendments.

10. Anticipated methods of fundraising and sources of income:

"X"	Anticipated methods of fundraising	"X"	Anticipated sources of income
<input type="checkbox"/>	Direct mail / e-mail	<input type="checkbox"/>	Gifts from officers / voting members
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	General public
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Corporations
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Foundations
<input type="checkbox"/>	Internet	<input type="checkbox"/>	Government grants
<input type="checkbox"/>	Door-to-Door collections / sales	<input type="checkbox"/>	Investments
<input type="checkbox"/>	Personal contact	<input type="checkbox"/>	Endowments
<input type="checkbox"/>	Other: Describe briefly	<input type="checkbox"/>	Non-voter "membership" assessments

11. Has the organization or trust fund contracted with any professional fundraising counsel or any professional solicitor?  
NOTE: Some categories of exemption will not apply if a professional fundraising counsel or professional solicitor is hired.

(Yes or No) \_\_\_\_\_. If "Yes," list name and address of the professional fundraising counsel or professional solicitor(s) and attach a copy or copies of the contract(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

12. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

13. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

14. Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony? (Yes or No) \_\_\_\_\_. If "Yes," attach a statement providing a description of the pertinent facts.

## SECTION II. EXEMPTION INFORMATION

Complete **ONLY** the section that applies to your organization as indicated on the category checked on Page 1 of this form. Then, sign the acknowledgement section and have this form notarized.

### **Category A: EDUCATIONAL INSTITUTIONS AND THEIR FOUNDATIONS**

1. Name, title, and address of principal, dean, or head of organization, by whatever title:

Mr. / Ms. \_\_\_\_\_

Primary Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. Please "X" the box that best describes your organization:

"X"	Description
<input type="checkbox"/>	A fully accredited educational institution. Attach a copy of the accreditation certificate.
<input type="checkbox"/>	A foundation that has an established identity with one or more accredited educational institutions. Attach a copy of the accreditation certificate of each institution, and a letter from the principal, dean, or the head of the institution by whatever name known, which states that the institution recognizes and corroborates the established identity.
<input type="checkbox"/>	An educational institution whose solicitations are confined to its student body, faculty, alumni, trustees, and their families. Attach a sample of the solicitation materials, or an outline of the fundraising program.

**Category B: SOLICITATIONS FOR A NAMED INDIVIDUAL**

1. Name of individual on whose behalf solicitations will be made:

Mr. / Ms. \_\_\_\_\_

2. Projected dates of solicitation: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Name and address of principal officer of the trust fund:

Name: Mr. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4. Name and address of the bank where the trust fund is established or located:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

5. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) \_\_\_\_\_. If "Yes," indicate the source of the funds used for payment to these individuals, i.e., what was done to raise these funds or how the funds were generated.

\_\_\_\_\_  
\_\_\_\_\_

**Category C: SOLICITATIONS NOT TO EXCEED \$5,000**

1. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) \_\_\_\_\_. If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

\_\_\_\_\_  
\_\_\_\_\_

2. Total gross contributions received from the public in each of the last three calendar years. If the organization raises contributions of more than \$5,000 from the public during any given year, the organization shall register and report to the Commissioner within 30 days after the date on which the total contributions exceed \$5,000.

Year

Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Category D: MEMBERSHIP SOLICITATION ONLY**

1. Do the organization's members have the right to vote, elect officers, or to hold office, in addition to receiving direct benefits? NOTE: If the organization's "members" do not fit the definition of "Membership" in Section 57-48 of the Code of Virginia, then this exemption will not apply.

(Yes or No) \_\_\_\_\_.

2. On any mailing or telephone call to potential members, do you request a contribution, in addition to membership dues? NOTE: Only members who have met the organization's membership requirements and who have been accepted by the organization, pursuant to the organization's bylaws, may be solicited for contributions under this exemption category. Organizations may seek potential members, but if such invitation includes a solicitation for contributions, this exemption will not apply.

(Yes or No) \_\_\_\_\_.

**Category E: SOLICITATIONS BY A NON-RESIDENT CHARITABLE ORGANIZATION**

1. Name and address of chapter, branch or affiliate located in Virginia which registers annually with the Commissioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**\*\*You must have a chapter, branch, or affiliate located in Virginia that registers annually to qualify for this exemption**

**Category F: SOLICITATIONS CONFINED TO FIVE OR FEWER CONTIGUOUS CITIES AND COUNTIES**

1. Name the cities or counties where the organization intends to solicit contributions. Maximum of five.

_____	_____
_____	_____
_____	

2. Name the cities and counties in which the organization has registered to solicit contributions and attach copies of permits. Include localities where the registration is pending.

_____	_____
_____	_____
_____	

### **Category G: CIVIC ORGANIZATION**

1. Please "X" the box that best describes your organization:

"X"	Description
	Fraternal society or association
	Local civic league or association
	Local service club
	Veteran's post
	Volunteer fire or rescue group

2. How will the organization use the contributions received?

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3. For local service clubs, indicate the city, town or county in which your organization operates.  
For local civic leagues or associations, indicate the city, town or county for which your organization furthers the common good:

\_\_\_\_\_  
City, Town, or County

\_\_\_\_\_  
State

### **Category H: HEALTH CARE INSTITUTIONS**

Please "X" the box that best describes your organization and submit the appropriate attachment(s):

"X"	Description	Include these attachments
	Licensed 501(c)(3) health care institution	Copy of license.
	Designated federally qualified health center.	Documentation of designation, which must be kept current.
	HCFA-certified rural health clinic	Attach a copy of the certification.
	Free clinic	Fee schedule, if any.
	Other organization whose existence is solely to support licensed health care institutions	Copy of the license from each health care institution.

### **Category I: NONPROFIT DEBT COUNSELING AGENCIES**

Attach a copy of the organization's nonprofit debt counseling agency license issued by the State Corporation Commission.

### **Category J: AREA AGENCIES ON AGING**

Has the Virginia Department for the Aging designated your organization as an area agency on aging?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the designation agreement document.

**Category K: TRADE ASSOCIATIONS**

Is the organization an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

(Yes or No) \_\_\_\_\_. If "Yes," provide a listing of member organizations, including names and addresses.

**Category L: LABOR UNIONS, LABOR ASSOCIATIONS, AND LABOR ORGANIZATIONS**

Please "X" the type of labor group that best describes your organization:

"X"	Type	Definition
	Labor union	An organization composed of workers, regulated by the Labor-Management Relations Act, organized for the purpose of securing favorable wages, improved labor conditions, better hours of labor, etc., and righting grievances against employers.
	Labor association	A group of labor unions or labor organizations acting together to better the conditions of workers.
	Labor organization	An organization dealing, through united action, with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment on behalf of the workers it represents.

**Category M: VIRGINIA AREA HEALTH EDUCATION CENTERS**

Has the Virginia AHEC Program designated your organization as an Area Health Education Center?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the Consortium letter issued by the Program.

**Category N: Regional Emergency Medical Services Councils**

Has the Council been granted tax-exempt status under § 501 (c) (3) of the Internal Revenue Code?

(Yes or No) \_\_\_\_\_.

Has the Commissioner of Health designated your organization as a regional emergency medical services council?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the designation letter issued by the Commissioner.

**Category O: Nonprofit that solicits only through grant proposals**

Has the organization been granted tax-exempt status under § 501 (c) (3) of the Internal Revenue Code?

(Yes or No) \_\_\_\_\_.

If no, you do not qualify for this exemption. If yes, you must provide a copy of your IRS Determination Letter.

"X"	Anticipated sources of income
	For profit corporations
	Other 501-C-3 nonprofit organizations
	Private Foundations
	Government grants
	Other:

### SECTION III. ACKNOWLEDGEMENT

I, the undersigned president, vice president, treasurer, or other officer (trustee) duly authorized to act for the organization for which this request is made, acknowledge that this application for exemption has been examined by me and is, to the best of my knowledge and belief, a true and correct statement according to the laws of the Commonwealth of Virginia.

**I affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. I understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.**

\_\_\_\_\_  
Signature of Sole Proprietor or Officer (Trustee)

\_\_\_\_\_  
Mr. / Ms.  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

## REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

"X"	<b>Item – General Information Attachments Required of all Applicants</b>
	Remittance form and check for \$10, made payable to "Treasurer of Virginia."
	Copies of any applicable Court Orders.
	Listing of officers, directors, and principal salaried executive officer.
	Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.
	Copy of the previous fiscal year's financial report (Form 990 or audited financial statements. Organizations with income under \$25,000 may file a treasurer's report.).
	Copies of any articles of incorporation and amendments.
	Copies of any bylaws and amendments.
	Copies of any IRS tax-exempt determination letter(s) and amendments.
	<b>Exemption Information: attachments required only for the Category completed above.</b>
	<b>Category A:</b> One or more of the following, as applicable: Copy of the accreditation certificate of each institution; A letter which states that the institution recognizes and corroborates the established identity; Samples of the solicitation materials or an outline of the fundraising plan.
	<b>Category B:</b> Copy of the trust agreement or similar document.
	<b>Category C:</b> Copy of the budget for the current calendar year, and copies of treasurer's reports for the three previous calendar years (or years of existence).
	<b>Category D:</b> Copies of any membership recruitment correspondence, for the past two mailings.
	<b>Category E:</b> No additional documentation is required.
	<b>Category F:</b> Copy of each local solicitation permit.
	<b>Category G:</b> No additional documentation is required.
	<b>Category H:</b> One of the following, as applicable: Copy of the license issued by the State Department of Health or by the State Department of Mental Health and Mental Retardation; Documentation of FQHC designation; Copy of the HCFA certification; Free Clinic fee schedule, if any.
	<b>Category I:</b> Copy of nonprofit debt counseling agency license.
	<b>Category J:</b> Copy of the area agency on aging designation agreement document.
	<b>Category K:</b> Listing of member organizations.
	<b>Category L:</b> No additional documentation is required.
	<b>Category M:</b> Copy of the Consortium letter issued by the Program
	<b>Category N:</b> Copy of the designation letter issued by the Commissioner of Health.
	<b>Category O:</b> Copy of IRS Determination Letter recognizing you as a 501-C-3 charitable organization

**Please mail this entire application to:**

**Virginia Department of Agriculture & Consumer Services  
P.O. Box 526  
Richmond, VA 23218**